



Advanced Instructor Course

Date : 30 September – 3 October 2025 (Tuesday - Friday)
Course Venue : Jockey Club Institute for Medical Education and Development (JCIMED)
Enquiries : (email) jcimed@hkam.org.hk or (telephone) +852 2871 8718

APPLICATION FORM

(Please put a tick in the appropriate box “☐”)

Please complete legibly all parts in **BLOCK LETTERS** and return this form, together with required materials in the Checklist, to the JCIMED by post or in person **on or before 4 July 2025.**

To encourage sharing our expertise through training events, we will pass your contact information to respective Colleges in the Academy (your relevant specialty) on their requests for inviting you to deliver training.

☐ Please check if you would like to opt-out.

Checklist of the required materials:

- ☐ Copy of Certificate (IMS Simulation Instructor Course or ILCM / JCIMED Comprehensive Simulation Educator Course)
☐ Cheque of Course Fee

Title : ☐ Professor ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Family Name : _____ Given Name : _____

Preferred Name to be called during the Course : _____

Job Title : _____

Institution/ Hospital : _____

Specialty : _____

Address : _____

Office No. : _____ Mobile No. : _____

E-mail : _____

Are you an Academy Fellow? ☐ Yes ☐ No

Fellow No. : _____ Fellow Email Address : _____@fellow.hkam.hk

Could you briefly explain the reason(s) for joining the course?



HONG KONG ACADEMY OF MEDICINE
香港醫學專科學院



Jockey Club
Institute for Medical Education and Development
賽馬會醫學教育發展中心



7/F, HKAM Jockey Club Building,
99 Wong Chuk Hang Road,
Aberdeen, Hong Kong
Telephone: (852) 2871 8718
Facsimile: (852) 2505 5577
Email: jcimed@hkam.org.hk
Website: jcimed.hkam.org.hk

IMPORTANT NOTICE

1. **Full and punctual attendance** is required throughout the Course.
2. **Course Fee:**
 - a. For Local Application: **HKD 36,820**
 - b. For Hospital Authority Staff: **HKD 29,150**
3. **Payment method:**
Please complete and return the application form together with a copy of certificate and the course fee. Course fee should be made by crossed cheque payable to “**Hong Kong Academy of Medicine**” to the Jockey Club Institute for Medical Education and Development. (JCIMED) (7/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong)
4. The Application deadline is **4 July 2025**.
5. A notification email showing the application results will be sent to all applicants about **2 weeks prior to the first course date**.
6. Successful applicants are required to study **pre-course materials** posted on Learning Management System (LMS) prior to the course. A notification email and password for accessing LMS will be sent to successful applicants before the Course.
Preparation is important to promote effective learning.
7. **Application with no payment will not be processed.**
8. All fees paid by successful applicants are non-refundable and non-transferrable.
9. Admission to the AIC course is determined by JCIMED based on various factors, including applicant background and organizational needs. While we strive for fairness, the final decision rests solely with JCIMED and is not subject to appeal.

APPLICANT'S DECLARATION

1. I declare that the information I provide in support of this application is accurate and complete.
2. I understand that my application will not be accepted if any information or document I provided is found to be false even though payment has been made. I understand and accept that no refund will be arranged in this case.
3. I confirm that I have read and accepted the Personal Information Collection Statement attached to this Application Form.
4. I authorize the JCIMED to use, check and process my data as required for my application.
5. I understand that upon application, my data will become a part of my record and may be used for all purposes in connection with the processing of the application.
6. I understand the materials developed during the Course remain property of JCIMED.

Signature : _____ Date : _____

Personal Information Collection Statement

1. This is a statement to inform applicants of their rights under the Personal Data (Privacy) Ordinance (the Ordinance).
2. The personal data collected in this Application Form will be used by the JCIMED for the purposes of organizing the said course, and where applicable, will serve as part of an applicant's official record with the JCIMED.
3. Personal data will be kept confidential and handled by the staff of or persons appointed by the JCIMED to undertake its administrative functions and for training purposes.

Note:

- a) Applicants are required to keep the JCIMED informed of any changes in their personal data once they have enrolled for the said course.
- b) Under the Ordinance, applicants may have the right to request access to, or correction of any data provided by them in relation to their application.
- c) As the Ordinance allows, the JCIMED has the right to charge a reasonable fee for the processing of any request for data access. Applicants who request access to data or for the correction of their data should do so in writing to the JCIMED.
- d) Applicants should write to the JCIMED if they do not want to receive any information on courses, events or functions organized by the JCIMED.

FOR INTERNAL USE

Course Registration:	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Cheque Received if Application Accepted (if applicable):	<input type="checkbox"/> Received (Cheque Amount: HK\$ _____) Bank & Cheque No.: _____